

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|--------------------|
| FEE DETERMINATION | J. G. | | 4/20/99 |
| O.I.P.E. CLASSIFIER | ISW | 32 | 4/20/99 |
| FORMALITY REVIEW | J | 71531 | 5.10.99 7.15.99 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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